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Attorney Docket Number

## **TRANSMITTAL FORM**

Filing Date December 29, 2003 First Named Inventor Xiaochun Xu Fisher Art Unit 2617 **Examiner Name** Jean Alland Gelin

I-2-0469.1US

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)									
	Amendm A Extension Express A Information Certified Documen Reply to I	smittal Form  ee Attached  ent/Reply  fter Final  ffidavits/declaration(s)  n of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority  tt(s)  Missing Parts/ te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53		Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table on	ation e Address		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name  VOLPE AND KOENIG, P.C.				, -					
Signature		# Jul							
Printed name		Steven J. Gelman							
Date		November 7, 2006			Reg. No.	41,03	34		

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Δ.	( <b>\$</b> /		Complete if Known				
TENTA	Fee Jursuant to the Consolidated App	ropriations Act, 2005 (H.R. 4818).	Application Number	10/747,733			
	FEE TRAN	ISMITTAL	Filing Date	December 29, 2003			
	For FY	2006	First Named Inventor	Xiaochun Xu Fisher			
	A suli a sut a la ima a sucella sutitu a	totus Cos 27 CED 4 27	Examiner Name	Jean Alland Gelin			
	Applicant claims small entity s	tatus. See 37 CFR 1.27	Art Unit	2617			
	TOTAL AMOUNT OF PAYMENT	(\$) 130.00	Attorney Docket No.	I-2-0469.1US			

TOTAL AMOUNT OF PAY	MENT (\$	) 130.00		Attorney Docket	No. I-2-	0469.1US	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
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BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES     Small Entity Small Entity      Small Entity  Small Entity  Small Entity  Small Entity							
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	<del></del>
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	<del></del> .
Provisional	200	100	0	0	0	0	
sheets or fraction th	ncluding Fim over 3 laims  Extra Claim  Claims paid fi  Extra Claim  Pendent claim  FEE  drawings  FR 1.52(e)  ereof. See	ms Fee (\$) x or, if greater than 20. x s paid for, if greater the exceed 100 sheet (), the application a 35 U.S.C. 41(a)	Fee  Fee  ana 3.  as of pap size fee o(1)(G) a	e due is \$250 (\$ and 37 CFR 1.1	125 for sm 6(s).	Fee (\$)  ly filed seque all entity) for	r each additional 50
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